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## Heart Failure and Cardiomyopathies

### RELATIONSHIP BETWEEN HEART FAILURE THERAPY AND COST BURDEN OF HEART FAILURE IN A MANAGED CARE POPULATION

Poster Contributions

Poster Hall B1

Monday, March 16, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Moving Towards Better Management of Heart Failure

Abstract Category: 14. Heart Failure and Cardiomyopathies: Clinical

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Authors: *Jason Swindle, Engels N. Obi, Stuart J. Turner, Cori Blauer-Peterson, Lynn A. Wacha, Aylin Altan, Optum, Eden Prairie, MN, USA, Novartis Pharmaceuticals Corporation, East Hanover, NJ*

**Background:** The cost burden of heart failure (HF) to society and the healthcare system is substantial. Identifying variability across patient subgroups may assist in enhancing disease management. This study examined HF-related therapy among patients with HF, and the relationship with healthcare costs and healthcare resource utilization (HCRU).

**Methods:** A retrospective study of medical and pharmacy claims data from a large US health plan (commercial and Medicare Advantage enrollees) was conducted. Included individuals were  $\geq 18$  years with 2 medical or 1 inpatient claim(s) with ICD-9-CM diagnosis code for HF (402.x1, 404.x1, 404.x3, 428.xx). Date of earliest claim for HF during 01Jan2010-31Dec2011 was defined as the index date. Cohort assignment (2) was based on pharmacy claims for HF-related therapy (angiotensin-converting enzyme inhibitor, angiotensin-receptor blocker, beta blocker, aldosterone receptor antagonist, diuretic, digoxin, hydralazine plus isosorbide dinitrate) within 60 days post-index. Per-subject-per-month (PSPM) and yearly healthcare costs (all-cause) and HCRU (all-cause and HF-related) were calculated for up to 24 months following index date. Independent samples t-tests and Pearson's chi-square tests were used to examine differences in post-index healthcare costs and HCRU, respectively, by cohort.

**Results:** A total of 118,385 individuals with claims for HF (median age 74 years, 52% female, 75% Medicare Advantage) were identified; 28% without claims for HF related-therapy within 60 days post-index. Compared to those with HF related-therapy, subjects without HF related-therapy experienced higher total medical (PSPM: \$9,358 vs \$4,161; year 1: \$40,578 vs \$35,742;  $p < .001$ ; year 2 similar) and inpatient all-cause costs (PSPM: \$7,301 vs \$2,623; year 1: \$27,086 vs \$21,765;  $p < .001$ ; year 2 similar). Additionally, a larger percentage of subjects without HF related-therapy were hospitalized (all-cause: 74% vs 71%; HF-related: 65% vs 62%;  $p < .001$ ) compared to those with HF related-therapy.

**Conclusion:** Over a quarter of patients with HF remain untreated 60 days following an index HF-related encounter; these findings suggest more aggressive management of HF is needed.